

**ROCKINGHAM COUNTY
DEPARTMENT OF PUBLIC WORKS
20 East Gay Street
Harrisonburg, VA 22802
(540) 564-3020**

**WATER AND SEWER
APPLICATION FOR CONNETION/SERVICE**

Date _____

I (we) _____ hereby make application for water _____ and/or _____ sewer service to the premises located at _____ or section _____ Lot _____ in _____ Subdivision. Service is to begin on _____. I am (we are) the _____ owner, _____ contractor, or _____ tenant. If tenant or contractor, the owner is _____ and has indicated approval of the County's provision of service and **potential owner liability for nonpayment** by signature below. I (we) understand that connections made are to be in conformance iwth existing policies and ordinances of Rockingham County and agree to pay for service(s) at the rates and fees established by and as may be revised by the Rockingham County Board of Supervisors. I (we) further understand that service(s) may be discontinued in the event bills are not paid when due.

_____ Telephone

_____ Telephone

Signature of Owner (if not applicant)

Social Security Number

Applicant Mailing Address

(if different from service:)

(For Office Use)

Tax Map No.

Water Service Area

Smith Creek

Date of Service

Connection Fee

Old Acct. No.

Crossing Fee

Meter Number

Deposit

_____ (\$50)

Meter Reading

Received by

Cash

Check#

Receipt#

Work Order#

Book Number

Customer Number

Sequence Number

City Account #
